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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of China

Proposed UNFPA assistance: $20 million from regular resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	20	- -	20

CHINA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	95.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	83.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	44.0	≤50
Maternal mortality rate (/100,000)[5]	95.0	≤100
Gross female enrolment rate at primary level (%)[6]	80.7	≥75
Adult female literacy rate(%)[7]	68.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*1,220,224*
Population in year 2000 (000)	*1,276,301*
Sex ratio (/100 females)	*106.3*
Per cent urban	*31.0*
Age distribution (%)	
Ages 0-14	*26.3*
Youth (15-24)	*18.1*
Ages 60+	*9.3*
Percentage of women aged 15-49	*56.6*
Median age (years)	*27.6*
Population density (/sq. km.)	*127*
Annual population growth rate (%)	*0.90*
Urban	*3.45*
Rural	*-.32*
Crude birth rate (/1000)	*16.2*
Crude death rate (/1000)	*7.1*
Net migration rate (/1000)	*-0.1*
Total fertility rate (woman)	*1.80*
Life expectancy at birth (years)	
Males	*68.2*
Females	*71.7*
Both sexes	*69.9*
GNP per capita (U.S. dollars, 1994)	*530*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects, the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects, the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support the People's Republic of China through a four-year programme of assistance (1997-2000). The main focus will be on reproductive health, including family planning and sexual health, hereafter referred to as reproductive health. An amount of $20 million is proposed from UNFPA's regular resources to the extent such resources are available. The proposed programme is concurrent with the ninth five-year plan for socio-economic development of the Government of China and will be synchronized with the sixth five-year programme of UNICEF and the fifth programme of UNDP.

2. This will be UNFPA's fourth programme of assistance to China, and it has been designed in close consultation with the Government of China. The experiences of other United Nations organizations (UNDP, UNICEF, WHO, UNESCO and WFP), bilateral and multilateral donors, as well as several national and international non-governmental organizations (NGOs) operating in China, have been reviewed and taken into account in the proposed programme. A number of technical consultations have been undertaken in connection with the development of the programme including missions from UNFPA headquarters and UNFPA Country Support Teams. The proposed programme takes into account the Programme of Action of the International Conference on Population and Development (ICPD), as well as lessons learned during UNFPA's experience in China.

3. In the past two decades China has considerably reduced population growth through its national family planning programme and other development efforts. Population issues have been accorded high political commitment and resources at all levels and continue to be a priority for the Government. Today, China appears to have met the threshold levels for all the ICPD indicators outlined in Executive Board decision 96/15 governing the allocation of UNFPA resources; it is therefore classified as a group "C" country. Within China, however, there are great socio-economic disparities, especially between urban and rural areas in terms of income and access to and availability of social services including health care, particularly reproductive health care. The proposed programme of UNFPA cooperation with China will seek to assist the Government in addressing these challenges.

4. The purpose of the programme is to implement the people-centred approach agreed to at ICPD by assisting in making quality client-oriented services available to Chinese men and women on a voluntary basis; specifically, the four-year programme will develop client-oriented reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. These efforts will be reinforced and complemented by programmatic activities aimed at creating an enabling environment in terms of women's empowerment, advocacy and South-South collaboration in reproductive health.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. China's annual population growth rate declined from 2.2 per cent in the early 1970s to 1.1 per cent for the period 1990-1995. In the same period the total fertility rate fell from nearly 4.8 to around 2.0 (just below replacement level). Still, roughly 13 million people are added to China's population every year. The population is expected to stabilize at around 1.6 billion people by the middle of the next century provided the efforts of China's population programme are maintained.

7. In the period since the national family planning programme was first implemented in 1979, the contraceptive prevalence rate has been reported to have reached as high as 83 per cent. Long-term and irreversible methods are predominant, e.g., intra-uterine devices (IUDs) account for 33 per cent and female sterilization accounts for 34 per cent of contraceptive usage. The onus of contraceptive use, as in many other places, falls largely on women.

8. Population factors have been integrated into socio-economic development planning in China, stemming from the Government's conviction that economic growth, population growth and sustainable development are closely linked. Since the early 1980s, the tenets of the national population policy have been delayed marriage, fewer births and longer spacing between births. The goal of the policy is keeping the annual population growth rate below 1.25 per cent per year for the period 1995-2000 and maintaining the total fertility rate at replacement level, in line with the recommendations from the Bali Regional Conference on Population and Development.

9. Economic reforms in China over the last two decades have resulted in rapid economic growth. Nonetheless, more than 65 million Chinese continue to live in poverty (mainly people living in remote and inaccessible areas). Some regional disparities have been exacerbated by social and economic reforms. Development in rural areas has been lagging behind that of urban areas and the eastern provinces. Agricultural reforms have released a great labour surplus, estimated to be as many as 150 million people. A large number of these people, up to 100 million, have migrated to cities or the eastern provinces seeking employment opportunities.

10 Economic reform has been coupled with the decentralization of the provision of social welfare services including health care. Local and provincial governments are now responsible for funding health care to a greater extent than in the past. As a result, reproductive health is under-funded in some regions. This means that reproductive health services are limited in the less developed areas of the country. Improving the role and status of women has made less progress in these areas, and typically women do not have equal access to education, employment, health care and other social benefits. In major cities, the maternal mortality rate is comparable to those of developed countries, whereas in some rural areas it is reportedly as high as 400 to 700 deaths per 100,000 live births. There are insufficient data, however, to get a clear overall picture of maternal mortality and morbidity as well as of the presence of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs). There are indications that the prevalence rates of RTIs are very high and that STD

prevalence has also increased in recent years. Awareness of STDs and RTIs as a health problem is low, and China is facing the risk of the extensive spread of HIV/AIDS, although HIV infection is not widespread at present. Furthermore, up to now, reproductive health services are not readily available for adolescents.

11. Changes are gradually taking place in the organization and modes in which family planning services are provided reflecting the aforementioned economic and social changes. Emphasis has been given to the integration of family planning with women's empowerment and family livelihood projects, and such schemes are now being promoted nation-wide. Despite these advances, the concepts of reproductive health and quality of care are still relatively new in China. Improving client-oriented reproductive health services presents a major challenge to the Government since it requires profound changes in management, training, service delivery systems, monitoring and evaluation.

Previous UNFPA assistance

12. UNFPA's collaboration in China started in 1979. The first country programme (1981-1984) and second country programme (1985-1989) were each in the amount of $50 million. The third programme (1990-1995) was in the amount of $57 million. UNFPA's presence in China has contributed positively to the quality of services and women's health, and facilitated contacts and exchange with other countries and international expertise. The choice and quality of contraceptives has improved; research has confirmed the economic and health benefits of converting to copper IUDs and a policy decision to stop production of the common stainless steel rings; gender and population development projects have empowered women and contributed to present policies in integrating the family planning programme with socio-economic empowerment of women; integrated MCH/FP projects have contributed to a reduction in maternal mortality and abortion; and demographic training of Chinese abroad and the establishment and strengthening of demographic training and research centres at 22 universities have improved national capacity and helped in stimulating scientific discussions on policy options.

13. In its third programme of assistance to China from 1990 to 1995, UNFPA provided $57 million to support a broad range of population activities. Given UNFPA's relatively small contribution in the context of China's total programme, UNFPA assistance focused on capacity-building and on innovative interventions with clear demonstration effects. Models developed by UNFPA are now in use across China. A key component of the programme was strengthening MCH/FP services at the grass-roots level in 305 poor counties. This was carried out jointly with UNICEF, integrating family planning with MCH services, backstopped by WHO. Due to its success in the integration of these services, the World Bank adopted the model and expanded it to 285 additional counties.

14. Women, population and development schemes were also supported in 38 counties. These projects, in addition to promoting the status of women, promoted health, literacy, family planning and

community participation by women. In the women, population and development (WPD) projects, it was found that horizontal project coordinating bodies, circumventing several layers of bureaucracy, increased the relevance and responsiveness of the projects.

15. In its past programmes, the Fund provided assistance for increasing the production capacity and quality of contraceptives, which, coupled with research, contributed to the phasing out of the steel-ring IUD for the safer copper-T IUD and the expansion of contraceptive choice. The Fund continued its support to family planning research institutes in collaboration with WHO. Support was also provided for capacity-building in national demographic institutes and for increasing the capabilities of national demographic research institutes. Both types of institutions have now reached a maturity that will make them useful adjuncts to the proposed programme. Previous UNFPA assistance also supported information, education and communication (IEC) activities, especially those aimed at improving the counseling skills and knowledge of village workers on contraceptive methods and usage. This contributed significantly to improving the quality of services. UNFPA's projects (with UNESCO's technical collaboration) also pioneered population education in rural or remote areas. In view of their success, these activities have been replicated far beyond the original schools, and sex education has been instituted by the Chinese in many schools.

16. The commitment of the county governments, community involvement and coordination were found to be key factors in the successful implementation of project activities at county level. An important element of this approach included focused and participatory training for governors and vice-governors. An innovative feature that was also adopted was an inter-county evaluation mechanism, whereby county governors evaluated each other's project performance according to pre-determined performance criteria. This mechanism encouraged the replication and expansion of successful activities to neighbouring areas. Most provinces would subsequently use their own funds to replicate key activities in non-project counties thus indicating that the intended demonstration effects had been achieved.

17. Another lesson learned from the previous programme of assistance was that enhancing the interpersonal communication skills of service providers was a key input to successful service delivery, building trust between provider and client. The experiences gained in the training of grass-roots family planning workers in these skills should be utilized in the new programme, particularly with respect to quality-of-care issues.

18. Advanced training programmes by leading Chinese institutions could have been utilized to a greater extent in providing efficient and cost-effective training and in encouraging technical cooperation between developing countries (South-South cooperation). Chinese NGOs, such as the China Family Planning Association (CFPA) and the All China Women's Federation, through their experience in reproductive health and women's issues respectively, can play an instrumental role in project implementation, monitoring and evaluation. Similarly, some women's NGOs have developed experience in action-oriented research and awareness creation in areas relevant to the programme.

Other external assistance

19. The World Bank currently has seven major on-going projects in the health sector in China totaling $700 million. These include a project financing the expansion of MCH services to an additional 282 counties, based on the model supported by UNFPA/UNICEF in 305 counties. A new World Bank project for $70 million, for the provision of basic health services in poor rural areas, has an MCH component. A UNAIDS office was established in Beijing in 1997. The United Nations and the Government will organize a conference in 1997 to raise financial and technical support for the Chinese HIV/AIDS control programme. Donors, including UNDP, WHO, UNICEF, the World Bank and the European Union, have committed $17.4 million to support Chinese efforts to address the HIV/AIDS problem. UNDP's fifth Country Cooperation Framework for China (1996-2000), approved in September 1996, includes components to improve basic education and health, address women's issues and promote sustainable development. The resource mobilization target for this period is $197 million.

20. Some bilateral donors, notably Canada and Australia, support MCH/FP in a small number of counties. Some international NGOs (The Ford Foundation, International Planned Parenthood Federation, the Japanese Organization for International Cooperation in Family Planning, Inc., Medecins Sans Frontières, Save the Children and The Rockefeller Foundation) are active at the county level, either in service provision, IEC, or in research and training. Based on the idea of complementarity and the notion that health issues, and particularly reproductive health issues, do not exist in isolation from the larger context of development, UNFPA will strive to ensure coordination of reproductive health activities with ongoing and planned social sector initiatives, especially those in the areas of poverty alleviation and women's empowerment.

Proposed programme

21. The overall goal of the proposed programme is to assist the Government of China in implementing the ICPD Programme of Action in the area of reproductive health and women's empowerment, specifically to meet the unmet needs for comprehensive and integrated client-centred reproductive health services. The long-term objective is thus to contribute to making comprehensive quality reproductive health services available to Chinese men and women on a voluntary basis and in line with the principles, approaches and recommendations of the ICPD Programme of Action.

22. During its four-year period, the proposed programme aims to develop comprehensive client-centred reproductive health service delivery modalities in selected counties from which lessons can be drawn for application at the national level. The programme strategy will be an incremental one in the sense that it will concentrate on strengthening and refocusing the service delivery programmes of existing institutions and service delivery points towards the provision of broader and more-client

centred reproductive health services based on the principle of free and responsible choice. This will be accomplished by building on the experience of previous programmes, enhancing institutional cooperation, improving quality and choice by adding new components to existing services. The new components will be in such areas as interpersonal counseling on the benefits and side effects of different contraceptive methods; availability of a broad range of family planning methods; informed consent; prevention, diagnosis and treatment of RTIs and STDs; and improvement of infection control in all reproductive health procedures. This main programme strategy of strengthening reproductive health service delivery will be reinforced and complemented by activities aimed at creating an enabling environment towards achieving reproductive health goals, namely: (a) women's empowerment, (b) advocacy and (c) South-South collaboration in reproductive health. These interrelated programme areas are described below.

23. Thirty-two counties have hence been selected for UNFPA activities during the proposed programme. They have been chosen on the basis of unmet reproductive health needs, commitment of local authorities to the implementation of the ICPD Programme of Action, agreement to provide adequate institutional support including finance and services, as well as on their broad representation of various cultural, socio-economic and geographical areas of China.

24. In addition to working directly at the county level, the programme will provide support at the central level to the State Family Planning Commission (SFPC) and the Ministry of Health for the development and revision of standard service delivery protocols for a broad range of reproductive health services as well as for the revision, modification and development of in-service training materials designed to improve clinical and interpersonal counseling skills and basic IEC materials. Technical assistance will also be given to the State Pharmaceutical Administration (SPAC) for improved contraceptive quality assurance management.

25. At county level the proposed programme will work with the existing reproductive health service delivery institutions at the field level -- SFPC, Ministry of Health and CFPA -- by training field staff health professionals in technical and clinical skills, counseling and management. The status of equipment, drugs and contraceptives that are required to provide a broader range of reproductive health services will be assessed in accordance with the requirements of the new standard service delivery protocols, and necessary requirements will be provided for through the programme. Strengthening reproductive health management capacity at the county, township and village level is pivotal for the improved delivery of client-oriented services. To achieve this goal, training and workshops will be supported to introduce up-to-date management techniques and concepts. Support will be provided to develop indicators and monitoring mechanisms to assess quality-of-care and to improve the current management information and supervisory systems. The programme will also provide support for the revision and modification of IEC materials so that they address broad reproductive health aspects through a client-centred approach.

26. The revision of IEC materials will include design and implementation of programmes for

adolescents to help them understand their sexuality and promote responsible reproductive behaviour. In addition, the programme will attempt to improve reproductive health through introducing approaches that are innovative in the Chinese context. This will include establishing, on a pilot basis, service delivery of reproductive health in cities specifically designed for urban adolescents. IEC materials will also be developed for this audience. Another innovation, not specifically addressed to adolescents, will be the social marketing of contraceptives, especially condoms in urban areas.

27. Gauging the reproductive health status of the 32 selected counties and monitoring demand and use of services and improvements in health status will be the key to assessing the impact of the programme as well as drawing lessons that can be used in refocusing and improving service delivery on a national level. This will be done through conducting a baseline and end-of project reproductive health study (including a survey as well as studies to obtain information on the prevalence rates of STDs. In addition, knowledge, attitude, practice (KAP) surveys, action-oriented research and rapid assessment procedures will be carried out in selected counties.

28. Seventy percent of the programme resources will be allocated to a reproductive health service delivery component project covering the improvement of reproductive health service delivery in the selected counties as well as the above-mentioned national-level activities. The remaining 30 per cent will be devoted to complementary activities in the areas of advocacy, the empowerment of women and South-South collaboration, which will be carried out in order to create an enabling environment for achieving the reproductive health goals. These three complementary component projects are described below.

29. Advocacy. Support will be provided to assist the Government in undertaking advocacy on reproductive health and women's empowerment issues among various ministries at the central level as well as policy makers at the local level (province, county, etc.). This will include field observation visits by decision makers to pilot counties, in-country, regional and international seminars and workshops as well as exchange visits to countries that have adopted successful client-centred reproductive health programmes. In addition, support will be provided for the development, production and distribution of advocacy materials at the central and local levels. Advocacy will mainly be centred on the benefits and content of client-centred reproductive health services. Other issues to be addressed include advocacy to increase public awareness of the value of the girl-child and to contribute to strengthening the self-esteem of women and girls. Advocacy will also focus on increasing male involvement in all aspects of reproductive health, in child-rearing and in sharing household work responsibilities.

30. Women's empowerment. In recognition of the linkages that exist between women's status and their decision-making abilities in all aspects of their lives including reproductive health, community-based interventions and research will be supported under the proposed programme. This includes leadership skills training and activities aimed at ensuring access to livelihood skills and credit, as well as research on the effects that increased income have on the status of women and on issues

such as son preference, health, contraceptive choice and desired fertility levels. Baseline studies including data collection and analysis will be conducted to examine changes in the status of women and girls in order to compare them with the results shown by evaluations at the end of the programme in the 32 selected counties. The lessons learned from these interventions will be analysed and complemented with the lessons learned in service delivery for use in future programme strategies.

31. South-South collaboration. Support will be given to help promote the sharing of experiences in operationalizing post-ICPD concepts and approaches in reproductive health among Chinese officials and their counterparts in other countries and also for enhancing national capacity through South-South cooperation. This will include field observation visits, training, promoting the use of Chinese expertise, and facilitating Chinese participation in exchanges through the establishment of a database on national experts and institutions in the area of reproductive health.

Programme implementation, management and coordination.

32. As the government counterpart agency to UNFPA, the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation will have overall responsibility for coordination of UNFPA's assistance and will be responsible for overseeing programme implementation. Projects will be executed by Government, WHO, UNICEF and other United Nations agencies. Reproductive health projects, or project components, will be mainly implemented by the State Family Planning Commission and the Ministry of Health. In addition, the State Pharmaceutical Administration of China, China Family Planning Association and women's NGOs will implement activities in their respective areas of expertise. In the area of women's empowerment, the main responsibility for implementation will be the county governments. In the area of South-South cooperation, activities will be coordinated by the Department of International Relations of the Ministry of Foreign Trade and Economic Cooperation. At county level, "leading groups" will be established for reproductive health activities and for women's income-generation activities. These will be headed by county vice-governors or county governors. Provincial and central authorities will give county governors the administrative and financial support necessary to ensure effective project implementation. Project activities will be implemented by local staff, including some of those staff trained under projects in the previous programme cycle. National and international experts will assist in designing and preparing project documents, monitoring and evaluation, and in other activities when and where appropriate.

33. In accordance with UNFPA monitoring requirements, the proposed programme will have a mid-term review in 1999 and an end-of-programme evaluation. In addition, annual review meetings will be conducted to review the progress and experiences gained from the projects. These reviews will include the submission of annual project reports prior to the review meetings. Monitoring and financial reporting at county level will provide a regular source of information on programme progress. Progress of implementation and impact will be assessed via the collection of baseline and end-of-project data, the monitoring of the actual process of reproductive health service delivery, and

the definition and utilization of specific indicators as measures of the achievement of project objectives. Hence, though quantitative data will be collected that are indicative of progress in achieving reproductive health goals, qualitative methods of data collection and analysis -- such as rapid assessment procedures -- will be emphasized in the formulation, monitoring and evaluation of projects and will be promoted as tools to guide management decisions. Such methods may provide data in greater depth, at lower cost and more quickly than the more commonly used quantitative methods and could be particularly useful when examining quality of care, assessing client needs and user satisfaction, measuring aspects of women's empowerment and acquiring data for tailoring IEC messages to particular target groups.

34. The UNFPA country office in Beijing is staffed by two international staff: a Representative, a Deputy Representative, and two national professional staff and several General Service support staff. In addition, a Junior Professional Officer (JPO) is being sought for the period 1997-1999.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the People's Republic of China, as presented, in the amount of $20 million from UNFPA's regular resources over the period 1997-2000 to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.